



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT ORGANIZATIONAL TABLE AND MANAGEMENT REPORTING ROSTER	POLICY NO. 406.1	EFFECTIVE DATE 10/1/89	PAGE 1 of 3
APPROVED BY: original signed by: ROBERTO QUIROZ Director	SUPERSEDES 420 7/13/89	ORIGINAL ISSUE DATE 7/13/89	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 The purposes of this policy are to:
 - 1.1.1 Encourage organizational clarity in management assignments and reporting structure.
 - 1.1.2 Establish guidelines for the orderly dissemination of information regarding changes of management or reporting hierarchies within the organization and provide a reference tool.
 - 1.1.3 Allow accurate financial reporting of departmental transactions by conforming the Department of Mental Health (DMH) organizational reporting matrix to the financial reporting matrix number assigned by the Auditor-Controller.
 - 1.1.4 Allow the preparation of accurate financial reports to the State and other grantors.
- 1.2 The Auditor-Controller financial reporting system (CAPS) tracks the expenditure and receipt of funds by DMH. To comply with State reporting requirements, DMH is broken down into organization units (cost centers) that allow these transactions to be recorded appropriately.
- 1.3 To obtain an accurate audit trail for DMH transactions, it is therefore crucial to maintain a central record of the formal reporting hierarchy and be able to update it on a regular basis for changes within the organizational structure. Internal communication would also be made easier by this standardization because the Organizational Table and Management Reporting Roster (OTMRR) includes the names, addresses, phone numbers, and occupational titles of most of the DMH management team and is available on diskette for inclusion in mailing data bases throughout the organization.
- 1.4 Although the OTMRR is basically comprehensive, the inclusion of DMH managers is based on functional responsibility and the "need to know" for State reporting purposes. Thus, it may not directly identify managers who are not working at the level of their official title.

POLICY



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- 2.1 The Accounting Division of Financial Services shall be responsible for maintaining a current Organizational Table and Management Reporting Roster (OTMRR) within the Department of Mental Health. This OTMRR shall correspond to:
 - 2.1.1 The actual organizational structure of the Department.
 - 2.1.2 The Cost Center Number (i.e., ORG Number, Control Unit Number) listing of the CAPS System.
- 2.2 This table and roster shall be the basic reference for the functional organization of DMH.

PROCEDURE

- 3.1 The Accounting Division shall issue the complete OTMRR semiannually in January and July. The date of issuance (run date) shall be printed at the lower right corner of each page.
 - 3.1.1 The OTMRR shall be subject to regular periodic update as well as update in response to ongoing changes within the organizational structure.
- 3.2 Upon receipt of the OTMRR, all DMH managers are instructed to review their subordinate listings and to report current and future organizational changes in their management staff and/or reporting responsibilities as they occur.
 - 3.2.1 Changes affecting the organizational structure of DMH are to be reported when they become effective, such as the deletion of a budgeted reporting unit, a split-up of an existing unit, a shift in management personnel assignment, or a change in the internal reporting structure. Changes in address, telephone, or personal data should also be reported.
 - 3.2.1.1 The creation of a new reporting unit and the related request for a new Cost Center Code will be the subject of another procedure.
 - 3.2.2 Report of organizational changes shall be made by completing the "Corrections to the Organizational Table and Management Reporting Roster" form (Attachment I) for each Cost Center affected by the change. The form shall show the listing after the necessary revisions or corrections have been made.
 - 3.2.2.1 All relevant information on the form must be completed with revised or corrected data, as necessary.



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- 3.2.2.2 New functional units must be approved in advance by the Budget Division and have a Cost Center number assigned before they can be added to the OTMRR.
- 3.2.2.3 The nature of and reason for the change must describe briefly what is being changed and why.
- 3.2.2.4 The form must be reviewed and approved in writing in the space provided by the manager of the reporting unit. The reporting manager's signature, title and date must be obtained before the correction/revision on the form can be reflected in the OTMRR.
- 3.2.2.5 A photocopy of the current listing is to be submitted with the Corrections form. All relevant information on the photocopy should be legible, including the run date of the OTMRR.
- 3.2.2.6 Completed forms and photocopies are to be sent to:
- Chief, Accounting Division
Department of Mental Health
550 S. Vermont Ave. 8th Floor
Los Angeles, CA 90020
- Attention: OTMRR
- 3.2.2.7 Any questions relating to the OTMRR and corresponding forms should be directed to the Chief of the Accounting Division.

AUTHORITY

Auditor-Controller Cost Accounting Policies and Procedures Manual

Chapter IV, Standards:

Section A. General Standards

Sub-sections 1 through 4

Section B. Cost Classification Accounting, and Documentation Standards

Sub-sections 1 through 4

ATTACHMENT

Attachment I Corrections to the Organizational Table and Management Reporting Roster form

CORRECTIONS TO THE ORGANIZATIONAL TABLE AND MANAGEMENT REPORTING ROSTER

Current Listing Run Date _____
CORRECTED LISTING (Use additional pages as needed)

HEADQUARTERS DATA

Name: _____
Street Address: _____
City, State _____
ZIP Code _____
Telephone: _____

MANAGER PERSONAL DATA

Honorific (circle) Ms. Mr. Dr.
First Name, and/or Initials: _____
Last Name: _____
Academic Title Used (If Any): _____
Organization Title: _____

REPORTING HIERARCHY

Primary Unit Name - Cost Center (Provider Number):

Subordinate Unit Names - Cost Center (Provider Number):

Superior Unit Name - Cost Center (Provider Number):

NATURE OF AND REASON FOR CHANGE

REVIEWED AND APPROVED:

Manager Name, Title _____
Date: _____